

**FREQUENTLY ASKED QUESTIONS FOR THE CHILD AND ADOLESCENT HEALTH
CENTER REQUEST FOR PROPOSALS**
(Last updated 11/24/2008-new additions highlighted in grey)

NOTE: The RFP Q and A is now CLOSED

GENERAL QUESTIONS

Q: Who should attend the November 17 informational meeting?

A: The November 17 informational meeting held at the Okemos Conference Center (www.okemosconferencecenter.com) from 10-12 is for Planning Grant applicants only. We will be providing an overview of the CAHC program, discussing the Minimum Program Requirements and what to expect during the Planning Grant process. A conference call option will be made available. PowerPoint presentations from the meeting will be posted at www.michigan.gov/cahc.

Q: Is this RFP for new centers?

A: The RFP is to support new centers and qualifying existing centers. A qualifying existing center is a center that is currently operating at less than current state requirements or an existing center that does not receive state funding. Planning grants are **ONLY** for centers within school districts that do not currently have a clinical health center in operation.

Q: Are the funds only for those school districts looking to start a center?

A: Planning grants are only for school districts that currently do not have a clinical health center. The Clinical and Alternative Clinical Health Center funds can be proposed in districts that currently have an existing health center. Health organizations can also apply.

Q: In the grant directions there is a web link for the Michigan State Board of Education Strategic Goals and Initiatives (on page 32) and that we must explain how our CAHC will address at least one of them. I can not get this link to work and could not come up with the document on a Google search. Can you help? We need more specific information before we can decide which one we want to address.

A: The website for the Michigan State Board of Education Strategic Goals and Initiatives is http://www.michigan.gov/documents/MDE_2005_Strategic_Plan_129469_7.pdf. The link is correct in the application, but is not an active link. You may have to copy this address and paste it into your browser.

Q: Our community is considering a grant application for a School-based community health center. Although we are not designated as a health care shortage area, we have high concentrations of poverty, unemployment, and chronic disease among other risk factors. Are communities disqualified for application based on the health care shortage designation?

A: No, proposals are not restricted to health care shortage areas. Any community is eligible to apply for Clinical and Alternative Clinical Health Centers. Planning grants

are ONLY for centers within school districts that do not currently have a clinical health center in operation.

Q: Review Criteria / Rubrics - could we please get a copy of the rubrics that will be used to rate applications during the review process?

A: Yes, a copy of the scoring rubric has been posted at www.michigan.gov/cahc.

Q: We've gone to each website to download the application and was unsuccessfully in finding it. We were only able to get the RFP. Could you email the application? If not, please give another link/source that it can be downloaded from.

A: The RFP is the document you need. The application is what you will generate in responding to the RFP. There is no separate application document from MDCH.

Q: What does 24-hour back-up mean exactly?

A: Each center is required to have in place a plan for after-hours care. This could include things like a number to call for emergencies, having a clinical provider from the health center or sponsoring agency on-call, etc.

Q: Can we serve 4 year olds in a K or Jr. K program?

A: The target population for elementary sites is 5-10, but that does not mean that youth outside of the age range cannot be seen. If some youth are seen outside of the age range it is allowable, however these youth will not count toward the total unduplicated count of users.

Q: Please go over the funding mix again (1/3s) and more importantly how to leverage "certain" funds? I missed that totally.

A: The 1/3 funding mix is an ideal funding ratio for health centers e.g., that for long-term sustainability 1/3 of the total funds to support health center operations would come from local dollars; 1/3 from state dollars; and 1/3 from other sources. This is not required; it is a suggested ratio for diversifying and sustaining the funding base for health centers.

Q: Can we have emergency meds in the clinic, ie: nebulizers and epi-pens? IS that something we have to work out with our medical partners?

A: Yes. The centers should have rescue meds available.

Q: Are we able to do a sliding fee scale?

A: Yes, a sliding fee scale is required as part of the Minimum Program Requirements.

Q: We have a separate Alternative High School at another building, for them to use the health center in the main building, would the clinic need to have an external-accessible door? The school is not very big and that may be challenging.

A: Health centers are not required to have external access, though it is strongly preferred. If there is no external access, it is the responsibility of the school administration to determine if youth outside the building are able to access the center.

Q: Do the centers have to stay open all year, even when school is not in session?

A: Yes. The centers are required to be open all year including summers.

Q: Can you split the facility like with a hospital/clinic having the lab, primary care etc., and the school having mental health?

A: No. The health center must provide all of the required services in one single location.

Q: We already partner with a hospital to provide a health center at our school building. If we wanted to apply for this year's grant to add a new health center at another building in the district, would we be able to just add this location to our present system or would we have to find another health care provider to open a new center?

A: The minimum provider time at the clinics is 30 hours over 5 days. The provider must be exclusively at the clinic for at least this amount of time. The same health care provider could not be used in two clinics.

Q: How much of the grant funding is allocated for new Health Centers and how much is being held to add services at existing centers?

A: All of the money available in this RFP is for new state funded centers. No money is going to add services to existing centers.

Q: Are mobile clinics eligible for funding under this RFP?

A: No. This RFP is for full service health centers at a single location and is not for mobile clinics.

Q: I am curious about the application cover sheet. It states that here are boxes that need to be filled out. Is there an actual form that needs to be completed with the signature line or do we just make a cover sheet ourselves?

A: There is no form for the cover sheet, you are required to make your own that contains the required information.

Q: We are gathering statistical data for Attachment F, Service Area and Target Population. Please confirm if the data (race, income as percent of poverty, primary third party) should reflect all populations. Our targeted focus will be adolescents, but we noticed you have a special population / other data section where information is inputted.

A: The data required for page 51 of the RFP (Service Area and Target Population Demographics Worksheet) should be specific to the target population you are proposing to serve. In the case of an adolescent center, the data should reflect the 10-21 year old population.

CLINICAL AND ALTERNATIVE CLINICAL HEALTH CENTER QUESTIONS

Q: Is the alternative model a nonclinical grant or the model for kids that are coming back to school after dropping out?

A: The Alternative Clinical Health Center is a Clinical Model. It must meet the same minimum program requirements as a Clinical Health Center with the exception of less hours (24 hours and 3 days minimum) per week. The model is not limited to alternative high schools.

Q: Can fees and reimbursements be counted toward match funding?

A: Yes, revenue from billing can be counted towards the 30% match.

Q: Can we serve both adolescent (10-21) and elementary (5-10) populations?

A: You must identify one primary target population you will serve, based on need. MDCH strongly recommends that health centers serve only one population. If you are proposing to serve both populations you must justify that one health center must serve both populations, show how you will meet the Minimum Program Requirements for both sites, and describe how provision of services to elementary youth will not be a deterrent to adolescents seeking care.

Q: Do all students in the local school district count towards the 500 unduplicated students even though all may not be given permission from their parents to access the center but could at any time?

A: No. The minimum unduplicated users is based on the number of youth that are seen at the health center. The definition of a user is:

A clinical health user is an individual who has presented themselves to the center for service with the main clinical provider (Nurse Practitioner, Physician Assistant or Physician) or the main mental health provider (minimum Master's prepared and licensed mental health provider) and for whom a record has been opened. Once per year, the user is counted to generate the unduplicated count of clients utilizing the center services for that calendar year.

Q: What constitutes Medicaid Outreach? Is it simply enrollment or must there be a Medicaid Eligibility specialist employed at the center?

A: There are several different Medicaid Outreach categories that each center must provide. See page 56 of the RFP for further details. There is no requirement to have a Medicaid Eligibility specialist.

Q: Can only students from the selected school count towards the unduplicated count?

A: No. Youth from other schools can count towards the unduplicated count.

Q: Can health centers serve young adults beyond the age of 21?

A: Health centers can serve Special Education populations up to the age of 26.

PLANNING GRANT QUESTIONS

Q: Does the local/community contribution include a minimum hard cash contribution?

A: There is no minimum hard cash match. The 30% in-kind contribution can be any combination of hard cash and/or in-kind support.

Q: Does the 30% match also apply to planning grants?

A: Yes, planning grants are required to provide 30% match.

Q: Is this strictly a cash match?

A: No, it can be any combination of cash and in-kind support.

Q: The narrative has a page limit of 10 pages, can I assume that's inclusive of #3, Preliminary Assessment of Needs/Assets among Community's Youth to #10, Michigan State Board of Education Strategic Goal and Strategic Initiatives?

A: It is inclusive of item #3 through #10 but DOES NOT include the workplan.

Q: Double spacing for the narrative - can the work-plan be kept as single spaced since it is reflected as a table format at attachment H?

A: Yes, the workplan can be single spaced. The workplan is not included in the 10 page limit.

Q: In 2005 another local health care provider submitted and was awarded a planning grant. Can we still submit for this round? There's been no CAHC established to date.

A: Yes. As long as a clinical health center is not operating in the proposed school district, you can apply for a planning grant.

Q: Is there a benefit to having a certain agency (school district or hospital) submit the application?

A: As long as they are an eligible agency (local health department, community health center, FQHC, non-profit hospitals/health systems, school districts and other health care or social service organizations qualified to provide school-based or school-linked health care services) the choice of which agency applies is dependent on which agency is better able to mobilize a community group to conduct the planning process.

Q: Are there any specifics about the budget that applicants should know?

A: The planning process is time intensive and will require significant staff time. The budget should reflect this in staff allocations.

Q: The application instructions indicate that there is "required trainings and technical assistance and that the proposed budget for the planning grant must reflect these required trainings and workshops. The application, however, doesn't indicate that there is any charge for these trainings and workshops. Is there a cost connected with these or should we only calculate the travel costs for the members of the CAC who will attend?

A: There is no registration cost for these trainings. You should budget for travel costs.

Q: Are there specific, minimum qualifying demographic criteria that you are looking for in order to consider a grant application for the health center planning process?

A: There is no minimum qualifying demographic criteria to apply for a planning grant.

Q: I have people willing to dedicate their time. Can that count as in-kind? Can we track those hours and put a dollar amount equivalent to that?

A: Yes. Volunteer time for the planning process can be used as in-kind.